



Application for General Permit to
Discharge Stormwater Associated with
Industrial Activity

Date Facility Started Operations _____

☐ Change of Information

Permit No. SO3-00 _____

Please print eligibly in ink or type

Please Read Instructions Before Filling Out This Form

I. Permittee Information

Operator/Representative for the Facility

(All correspondence Will Be Mailed Here)

Billing Address

| | | | | | |
|--------------------------------|-----------|---------|----------------------|-------|---------|
| Operator/Representative's Name | | | Billing Contact Name | | |
| Title | Phone No. | | Phone No. | | |
| Company Name | | | Company Name | | |
| Street Address or P.O. Box | | | Mailing Address | | |
| City | State | Zip + 4 | City | State | Zip + 4 |

II. Facility Information

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------------------|--|---------|-----------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Facility | | | Facility Contact Name | | | Phone No. | | | | | | | | | | | | | | | | | | |
| Facility Street Address (or Location Description) | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | State | | Zip + 4 | | County | | | | | | | | | | | | | | | | | |
| A. List the Primary Standard Industrial Classification Code for your facility in No. 1 1. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> 2. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> 3. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> 4. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Type or Nature of Business: _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Total size of site with industrial activity in acres: _____. Divide square feet by 43,560 to get acres. | | | | | | | | | | | | | | | | | | | | | | | | |

III. Receiving Water Information. Check all that apply.

| | |
|---|------------------------|
| A. Where Does Stormwater From Your Facility Discharge to: | |
| 1. <input type="checkbox"/> Storm drain system - Owner of storm drain system (name): _____ | |
| 2. <input type="checkbox"/> Indirectly or directly to surface waters: <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Creek <input type="checkbox"/> Estuary <input type="checkbox"/> Ocean <input type="checkbox"/> Wetland <input type="checkbox"/> Slough <input type="checkbox"/> Ditch system. Owner of ditch system: _____ <input type="checkbox"/> Unnamed stream | |
| 3. <input type="checkbox"/> Directly to ground waters of Washington state: <input type="checkbox"/> Dry Well <input type="checkbox"/> Drainfield <input type="checkbox"/> Other | |
| 4. <input type="checkbox"/> Sanitary/combined sewer system | |
| B. Name(s) of Receiving Water(s): | List receiving waters. |
| 1. Latitude: _____ Longitude: _____ | _____ |
| Latitude: _____ Longitude: _____ | _____ |
| Latitude: _____ Longitude: _____ | _____ |
| 2. Identify the section, township, and range for receiving waters. | |
| Section: _____ Township: _____ Range: _____ | _____ |
| Section: _____ Township: _____ Range: _____ | _____ |
| Section: _____ Township: _____ Range: _____ | _____ |
| Initial discharge is to an unnamed receiving water? <input type="checkbox"/> Yes <input type="checkbox"/> No (<input type="checkbox"/> Ditch <input type="checkbox"/> Wetland <input type="checkbox"/> Unnamed Stream) | |

III. Receiving Water Information (continued).

- C. **Location of discharges.** Use all of the following to identify location of discharge. Attach a supplemental sheet if more than one discharge point and/or numerous receiving waters. Discharge Identifier: this is the name, number, letter, or symbol used on the map to identify the point of discharge.

1. Map enclosed. Mark discharge point on map and provide distance from receiving water.

- Drainage and discharge structures (name each discharge point).
- An outline of the stormwater drainage areas for each stormwater discharge point.
- Areas where stormwater discharges to the ground.
- Paved areas.
- All buildings.
- Areas of pollutant contact (actual or potential).
- Surface water locations (include wetlands, drainage ditches, and sloughs).
- Areas of existing and potential soil erosion.
- Vehicle service areas.

2. Latitude/longitude point of discharge. This is the geographical location of the point where stormwater is discharged from your facility expressed in latitude/longitude. Specify degrees, minutes, and seconds. List receiving waters.

Latitude: _____ Longitude: _____

Latitude: _____ Longitude: _____

Latitude: _____ Longitude: _____

D. **Request for Mixing Zone.**

1. ☐ I am requesting a standard mixing zone as authorized in the industrial stormwater general permit, applicability and size defined in Special Condition S3.E. In requesting this mixing zone I certify that I have implemented all known, available, and reasonable methods of treatment (AKART) and am managing stormwater discharges to protect the beneficial uses of the receiving water.
2. ☐ I am requesting an expanded mixing zone as authorized under WAC 173-201A-100(10) and consistent with the applicability provisions in the industrial stormwater general permit, Special Condition S3.E. In requesting this mixing zone I certify that I have implemented all known, available, and reasonable methods of treatment (AKART), the proposed mixing zone will not interfere with the beneficial uses of the receiving water, and will not create a barrier to the migration or translocation of indigenous organisms to a degree that might cause damage to the ecosystem. In support of this I am including the following documentation:
- a) A map clearly identifying all waters included in the expanded mixing zone;
 - b) All known discharges within the expanded mixing zone, their location and the source of the discharge;
 - c) A description of the historic and current uses of all waters in the expanded mixing zone including the typical plant and animal species inhabiting the waters and public uses of the waters; and
 - d) Characterization of the stormwater discharge consistent with the EPA Form 3510-2F (Form 2F).

IV. Stormwater Pollution Prevention Plan (SWPPP)

Has a stormwater pollution prevention plan been developed? ☐ Yes ☐ No

If NO, Ecology must be notified by letter when the SWPPP has been developed and implemented. New facilities will not receive permit coverage until a SWPPP has been developed.

V. Industrial Areas and Activity Information

Areas with industrial activities at facility. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Access Roads & Rail Lines for Shipping & Receiving | <input type="checkbox"/> Material Handling to Produce Product |
| <input type="checkbox"/> Air Emissions from Roof or Sides of Buildings | <input type="checkbox"/> Material Handling – Finished Product |
| <input type="checkbox"/> Application or Disposal of Wastewaters | <input type="checkbox"/> Parking Lots Used for Loading/Unloading |
| <input type="checkbox"/> Bag House Area | <input type="checkbox"/> Recycling Area |
| <input type="checkbox"/> Bulk Storage Tank Areas | <input type="checkbox"/> Staging Area for Heavy Equipment |
| <input type="checkbox"/> Conveyors Located Outside | <input type="checkbox"/> Storage & Maintenance of Material Handling Equipment |
| <input type="checkbox"/> Dismantling of Equipment (Vehicles and/or Machinery) | <input type="checkbox"/> Vehicle Maintenance |
| <input type="checkbox"/> Fueling Station | <input type="checkbox"/> Vehicle Wash Area |
| <input type="checkbox"/> Fueling – Mobile | <input type="checkbox"/> Waste Treatment, Storage, Disposal |
| <input type="checkbox"/> Hazardous Waste Treatment, Storage, or Disposal (Refers to RCRA, Subtitle C Facilities Only) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Manufacturing Building | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Other: _____ |

VI. Material Handling

A. Types of materials handled and/or stored outdoors. Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Acids or Alkalies | <input type="checkbox"/> Logs | <input type="checkbox"/> Sand or Gravel |
| <input type="checkbox"/> Antifreeze | <input type="checkbox"/> Metals | <input type="checkbox"/> Scrap Metal |
| <input type="checkbox"/> Compost | ➤ Iron _____ | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Deicers | ➤ Steel _____ | <input type="checkbox"/> Stockpiled Materials |
| <input type="checkbox"/> Detergents | ➤ Other _____ | <input type="checkbox"/> Transformers |
| <input type="checkbox"/> Drums | <input type="checkbox"/> Organics | <input type="checkbox"/> Waste Piles |
| ➤ Steel _____ | <input type="checkbox"/> Paints/Coatings | <input type="checkbox"/> Wood Chips, Sawdust, Bark |
| ➤ Plastic _____ | <input type="checkbox"/> Petroleum or Petrochemical Product | <input type="checkbox"/> Wood Treating Products |
| <input type="checkbox"/> Equipment (engines, machine parts, etc.) | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Forklifts | <input type="checkbox"/> Plastic Pellets | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hazardous Wastes | <input type="checkbox"/> Plating Products | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Herbicides | <input type="checkbox"/> Powders | |

B. Identify existing management practices employed to reduce pollutants in industrial stormwater discharges. Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Automatic Shutoff Control Valve System (Spill Control) | <input type="checkbox"/> Dispose of Waste Materials Properly | <input type="checkbox"/> Procedures for Maintenance and of Deteriorating Equipment Repair/Replacement |
| <input type="checkbox"/> Berms/Dikes | <input type="checkbox"/> Double-Walled Storage Tanks | <input type="checkbox"/> Recycling/Source Reduction |
| <input type="checkbox"/> Catch Basins Cleaned Regularly | <input type="checkbox"/> Drain Dumpsters to Sanitary Sewer | <input type="checkbox"/> Slope Impervious Areas to Sanitary Sewer (Particularly Loading/Unloading Area) |
| <input type="checkbox"/> Chemical Treatment for Erosion Control | <input type="checkbox"/> Drip Pans | <input type="checkbox"/> Spill Prevention Plan |
| <input type="checkbox"/> Comply with Uniform Fire Codes | <input type="checkbox"/> Elevate Materials Stored Outside | <input type="checkbox"/> Stencil Storm Drains "No Dumping" |
| <input type="checkbox"/> Containment | <input type="checkbox"/> Infiltration Basins | <input type="checkbox"/> Storm Drain Plugs and/or Cover Kits |
| <input type="checkbox"/> Covered Dumpsters | <input type="checkbox"/> Inspection Storm Drains for Illicit Discharge | <input type="checkbox"/> Surface Leachate Collection |
| <input type="checkbox"/> Covered Loading/Unloading Areas | <input type="checkbox"/> Label Containers | <input type="checkbox"/> Sweep and Clear Site of Debris |
| <input type="checkbox"/> Curbing | <input type="checkbox"/> Limit Use of Toxic/ Hazardous Chemicals | <input type="checkbox"/> Train Employees on Pollution Prevention |
| <input type="checkbox"/> Daily Checks for Leaks/Spills | <input type="checkbox"/> Maintain Ditches/Culverts | <input type="checkbox"/> Vegetation Management |
| <input type="checkbox"/> Dead End Sumps | <input type="checkbox"/> Maintenance Records Kept Current | <input type="checkbox"/> Wetland Detention Pond |
| <input type="checkbox"/> Detention Facilities | <input type="checkbox"/> Oil/Water Separator | |
| <input type="checkbox"/> Dispose of Debris from Catch Basin Properly | <input type="checkbox"/> Overhead Coverage | |

VII. Regulatory Status. Check all that apply.

- ☐ NPDES Permit (Individual or General Construction Stormwater) Permit No. _____
- ☐ State Waste Discharge Permit (Ground Discharges) Permit No. _____
- ☐ Air Notice of Construction, Permit, or Order Agency: _____
- ☐ State/USEPA Hazardous Waste ID No: _____
- ☐ Drywell (Ecology) Registration No: _____

VIII. State Environmental Policy Act (SEPA). Applies only to new or newly established facilities.

Has a SEPA review been completed? ☐ Yes ☐ No ☐ Exempt

Type of SEPA document: ☐ DNS ☐ Final EIS

Agency issuing DNS, Final EIS, or Exemption: _____ Date: _____

IX. Public Notice. Applies only to new or newly established facilities.

This NOI must be submitted to Ecology on or before the date of the first public notice. See NOI Instructions.

Date of the first public notice: ____ / ____ / ____

Date of second public notice: / /

Name of the newspaper which will run the public notices: _____

PUBLIC NOTICE

(Name of owner; or name of owner % engineering firm, architect, etc.)

_____ (Address of owner or % Representative) is seeking coverage under the Washington Department of Ecology's NPDES General Permit for Stormwater Discharges Associated with Industrial Activities.

The _____ (Total acres) industrial site, known as _____ (Project name) is located

(Street address) in _____

(Name of nearest city). Operations are due to startup on _____ (Date).

Industrial activities include

(Briefly clarify the industrial activity).

Stormwater will be

(Brief description of how the stormwater will be cleaned and controlled), prior to discharging to

(Clarify the direction of the stormwater flows: list wetlands, unnamed and named)

receiving waters: storm drains and name of receiving water for storm drains: clarify if buffers will be used to protect sensitive waterbodies).

Any person desiring to present their views to the Department of Ecology concerning this application, may notify Ecology in writing within 30 days from the last date of publication of this notice. Comments may be submitted to:

Washington Dept of Ecology
Water Quality Program - Stormwater Unit
PO Box 47696
Olympia, WA 98504-7696

X. Certification of Permittee(s)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

(If Co-Permittee)

Operator/Representative's Printed Name

Co-Permittee's Printed Name

Operator/Representative's Signature

Co-Permittee's Signature

Title

Title

Date _____

Date _____

Please sign and return this document to the following address:

Washington Department of Ecology
Water Quality Program - Stormwater Unit
PO Box 47696
Olympia, WA 98504-7696

If you still have questions after reading the instructions for completing this form, call the Department of Ecology at (360) 407-6858.

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